

FORM FOR REPORTING CHANGES

 Your Name

 Benefit Specialist

 Address

 Address

 City, State, Zip Code

 City, State, Zip Code

Please provide proof of all changes reported on this form.

Changes must be reported to your Department of Social Services Benefit Specialist as soon as you become aware of them, and for Food Stamps, must be reported within 10 days from the day you become aware of them. Report by telephone or in writing. Examples of what to report:

- When there is a change in persons in your home.
- When a person in your home has a change in school attendance.
- Whenever resources, such as bank accounts, CD's, bonds, property, etc. exceed \$2000* for Food Stamps or TANF. *If over age 60 or disabled, report if resources exceed \$3,000 for Food Stamps.
- If receiving QMB/SLMB/QI, report when resources, such as bank accounts, CD's, bonds, property, etc. exceed \$4000 for single individuals and \$6000 for couples.
- If anyone in your home buys, sells, or trades any vehicle.
- Report if income starts or stops.
- For TANF & Medical Assistance (includes QMB/SLMB/QI), report all changes in income.
- For Food Stamps, report if unearned income (Social Security, SSI, unemployment, etc.) changes by more than \$50; report if job income increases or decreases by more than \$100 or if the self-employment business experiences a substantial change in the business. NOTE: Income changes must be reported within 10 days of the date the affected income was received.
- Changes in shelter costs (rent, mortgage, lot rent, utilities, etc.) if you have moved or shelter costs changed because someone moved in or out of your home.
- For Medical Assistance (including QMB, SLMB, or QI), report any change in health insurance.
- If you or anyone in your household starts or stop making court ordered child support payments.

✓ **CHECK THE SECTION(S) THAT HAVE CHANGED. EXPLAIN & ATTACH PROOF:**

- ☐ Someone moved in or out. Provide name, birthdate, Social Security number, and how they are related to you (completion of SSN/citizenship is optional for individuals not requesting assistance):
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- ☐ School attendance changed. Provide name, change that occurred, and date of occurrence:
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- ☐ Bank accounts changed. Describe new accounts, increased amounts in existing accounts, etc.:
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- ☐ Bought, sold, traded, or gave away vehicles (cars, trucks, boats, etc.). Describe the change:
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- ☐ Income changed. Describe new income, if income stopped, or change in amounts:
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- ☐ Shelter costs changed because you moved or because someone moved in or out of your household. Describe the change:

- ☐ The amount you pay for dependent care or child support payments started, stopped, or changed. Describe who the payment is for, who it is paid to, and the change in payment:

- ☐ Health insurance started, stopped, or company changed? List the policy # _____
Co.Name/address: _____ Describe the change _____
(For Food Stamps, the change does not need to be reported until your next Food Stamp recertification.)

- ☐ Will the change continue for more than one month? _____ If no, please explain how long the change will last:

If you are elderly or disabled and wish to report changes in medical expenses for Food Stamps, please describe the changes: _____

Any other changes: _____

I understand the penalty for hiding or giving false information could result in being barred from Food Stamps and/or TANF for 12 months for the 1st violation, 24 months for the 2nd, and permanently for the 3rd violation. I also understand I will owe the value of any extra food stamp and/or TANF and/or Medical assistance I received for not fully reporting changes. My answers on this form are correct and complete to the best of my knowledge. I understand my signature authorizes Social Services and Federal, State and local officials to contact others for necessary verifications.

Your Signature and date signed

If you can't mail this form, you may report changes by calling _____. If the call is long-distance because of where you live, you may call collect.

We'll use your answers on this form to see if your household's benefits will change. If your benefits change, you will be notified. If you don't agree with our decision, you can have a fair hearing. A hearing official will decide if you are right.

AdditionalComments: _____
